

TOTAL NUMBER OF DEFICIENCIES CITED \_\_\_\_\_

**COMPLIANCE NOTICE**

DEPARTMENT OF HEALTH PROFESSIONS  
6606 WEST BROAD STREET • FOURTH FLOOR  
RICHMOND, VIRGINIA 23230

BOARD OF \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

FACILITY/PERMIT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PERSON IN CHARGE \_\_\_\_\_

THE FOLLOWING CONDITIONS HAVE BEEN DEEMED TO BE DEFICIENCIES BY THE INSPECTOR

1	LAW / REGULATION
DEFICIENCY	
2	LAW / REGULATION
DEFICIENCY	
3	LAW / REGULATION
DEFICIENCY	
4	LAW / REGULATION
DEFICIENCY	

BY \_\_\_\_\_ INSPECTOR, DEPARTMENT OF HEALTH PROFESSIONS \_\_\_\_\_ DATE \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT THE DEFICIENCIES CITED AND RELATED LAWS / REGULATIONS HAVE BEEN FULLY EXPLAINED TO ME AND THAT I HAVE RECEIVED A COPY OF THIS NOTICE.

\_\_\_\_\_  
LICENSEE ON DUTY\_\_\_\_\_  
DATE**RESPONSE TO COMPLIANCE NOTICE**

PLEASE PROVIDE A WRITTEN RESPONSE IN THE SPACE BELOW AS TO THE STEPS TAKEN TO CORRECT THE DEFICIENCIES NOTED IN THE COMPLIANCE NOTICE. FAILURE TO COMPLETE AND RETURN THIS FORM WITHIN 14 DAYS MAY RESULT IN DISCIPLINARY ACTION BEING INITIATED BY THE BOARD. CORRECTION OF THE DEFICIENCIES BY THE LICENSEE DOES NOT PRECLUDE THE POSSIBILITY OF DISCIPLINARY ACTION BY THE BOARD FOLLOWING APPROPRIATE NOTICE AND OPPORTUNITY FOR A HEARING.

GENERAL COMMENTS:


CORRECTIVE STEPS TAKEN:

1	
2	
3	
4	

SIGNED \_\_\_\_\_ BY \_\_\_\_\_ LICENSEE IN CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

UPON COMPLETION, MAIL ENTIRE WHITE COPY TO THE BOARD OFFICE IN THE ENVELOPE PROVIDED AND RETAIN ENTIRE YELLOW COPY FOR YOUR RECORD.

[illegible]